

MISSOURI DEPARTMENT OF NATURAL RESOURCES
ENERGY CENTER - ENERGY LOAN PROGRAM
LOAN APPLICATION

Shaded Areas for
Department Use Only

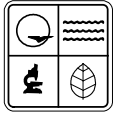
Type of Application: <input type="checkbox"/> School K-12 <input type="checkbox"/> Local Government <input type="checkbox"/> Other - Specify _____			
1. APPLICANT/ORGANIZATION NAME		2. ADJUSTMENT	3. LOAN AMOUNT \$
4. MAILING ADDRESS	5. CITY	6. ZIP CODE	7. COUNTY
8. STATE VENDOR NUMBER		9. FEDERAL IDENTIFICATION NUMBER	
10. CONTACT NAME	11. TITLE	12. PHONE NUMBER	13. FAX NUMBER
14. PROJECT TYPE <input type="checkbox"/> Building <input type="checkbox"/> Facility <input type="checkbox"/> System	15. TOTAL SQUARE FEET	16. TOTAL HEATED SQUARE FEET	17. TOTAL COOLING SQUARE FEET
18. BUILDING, FACILITY OR SYSTEM NAME		19. PROJECT ID NUMBER	
20. ADDRESS OF BUILDING, FACILITY OR SYSTEM		21. CITY	22. ZIP CODE
23. YEAR BUILDING CONSTRUCTION COMPLETED	24. TOTAL PROJECT COST	25. TOTAL LOAN AMOUNT REQUESTED	
26. TYPE OF ENERGY ANALYSIS <input type="checkbox"/> TAR <input type="checkbox"/> TAR EQUIVALENT	27. ENERGY ANALYST OR OTHER REPORT PREPARER	28. PROFESSIONAL ENGINEER NUMBER E _____	
29. Type of Reviewer <input type="checkbox"/> Engineer <input type="checkbox"/> ESCO <input type="checkbox"/> Site <input type="checkbox"/> Other _____		30. LIST THE NAME OF YOUR UTILITY(S) OR ENERGY SUPPLIER(S)	
	@ Applicant's Location	@ Project Address	
U.S. Congressional District	31. _____	32. _____	
Mo. Senatorial District	33. _____	34. _____	
Mo. Legislative District	35. _____	36. _____	
Planned Project Milestones			
37. DESIGN COMPLETION DATE	38. MATERIAL/EQUIPMENT ACQUISITION DATE	39. PROJECT COMPLETION DATE	
	Application Authorization		
<p>The governing board or body has reviewed the technical assistance report or equivalent and agrees that the building, facility or system information is correct and the project and associated energy conservation measures have been correctly described. The governing board or body authorizes the contact person, named above, to provide any additional information relevant to the review and/or approval of this application.</p> <p>The building, facility or system is owned and operated by the applicant. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
TYPE OR PRINT NAME OF AUTHORIZED OFFICIAL		TITLE	SIGNATURE OF AUTHORIZED OFFICIAL
			DATE

ECM Application Summary

ECM NUMBER		ECM TITLE		EC ENGINEERING USE ONLY		ECM CODE	
DESIGN COST		\$		DESIGN COST		\$	
LABOR COST		\$		LABOR COST		\$	
MATERIAL COST		\$		MATERIAL COST		\$	
TOTAL ECM COST		\$		LOAN AMOUNT REQUESTED		\$	
SAVINGS:		Other Savings		\$			
Fuel Type_____		Energy Savings		\$			
Fuel Type_____		Energy Savings		\$			
Fuel Type_____		Energy Savings		\$			
Total Savings		\$					

ECM NUMBER		ECM TITLE		EC ENGINEERING USE ONLY		ECM CODE	
DESIGN COST		\$		DESIGN COST		\$	
LABOR COST		\$		LABOR COST		\$	
MATERIAL COST		\$		MATERIAL COST		\$	
TOTAL ECM COST		\$		LOAN AMOUNT REQUESTED		\$	
SAVINGS:		Other Savings		\$			
Fuel Type_____		Energy Savings		\$			
Fuel Type_____		Energy Savings		\$			
Fuel Type_____		Energy Savings		\$			
Total Savings		\$					

ECM NUMBER		ECM TITLE		EC ENGINEERING USE ONLY		ECM CODE	
DESIGN COST		\$		DESIGN COST		\$	
LABOR COST		\$		LABOR COST		\$	
MATERIAL COST		\$		MATERIAL COST		\$	
TOTAL ECM COST		\$		LOAN AMOUNT REQUESTED		\$	
SAVINGS:		Other Savings		\$			
Fuel Type_____		Energy Savings		\$			
Fuel Type_____		Energy Savings		\$			
Fuel Type_____		Energy Savings		\$			
Total Savings		\$					



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FUEL USE SUMMARY

ORGANIZATION NAME	
BUILDING, FACILITY OR SYSTEM	CURRENT BUILDING AREA IN SQUARE FEET

Month	YEAR	ELECTRIC		NATURAL GAS		FUEL OIL / L.P. / OTHER _____	
		Cost	Usage (KWH)	Cost	Usage (_____)	Cost	Usage (_____)
July							
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							
Annual Total							
Average Unit Cost							
Account Numbers						N/A	